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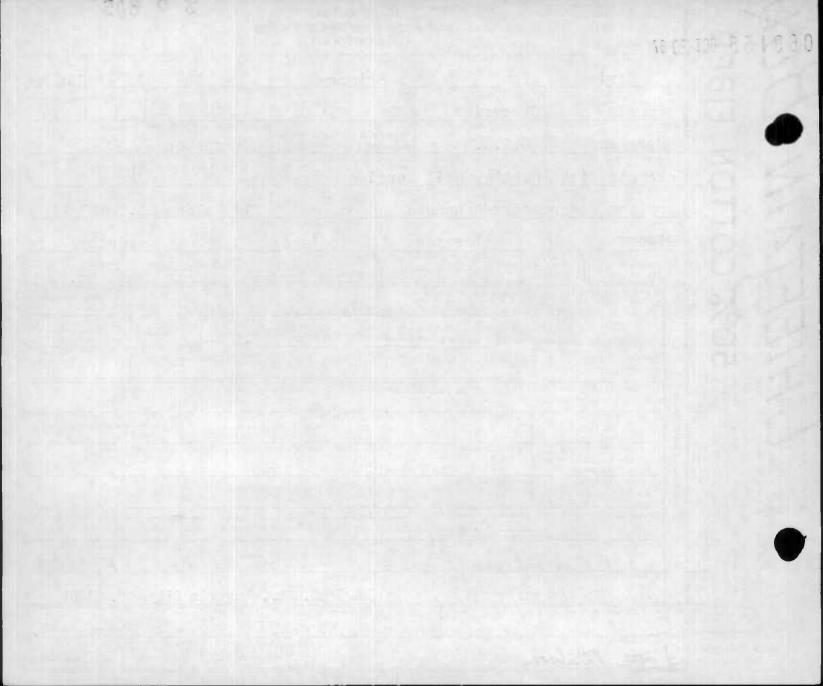
DHMH 16 60M 7 B4

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

YGIENE

- STATE BEGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR Marie Brimer 87 Lou 10:25am 3 SEX 4 RACE 5 DATE OF BIRTH 05 06 Female Caucasian 04 81 TO BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland Worcester WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Hartley Hall Nursing Home homemaker 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Worcester Pocomoke YES X NO 710 Walnut St. . 21851 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Wilkerson Indiana Outten 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 710 Walnut Steeet LIE YES GIVE WAR OR DATES! No 213508028 Milton Brimer Pocomoke City, Md. 2185 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for o b and c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (3) CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPS+ 1 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 710 ACCIDENT WAS UNDERLYING [] 216 TIME OF INJURY 216 HOW INJURY OCCURRED TENTER NATINE OF INT RY N TEM 8 PART OF PART. HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFE THER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC 22a I certify that (1 (this hospital attended the degeosed from_ and that in (my) (our opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 305 10th. St., Pocomoke City, Md. 21851 230 BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY 10/10/87 Bethany Meth. Cem. Burial Pocomoke Worcester Md. 250 PATERECD BY REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Milwer Pocomoke City, Md.



BP.

DHMH 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

Delphia G. Bunting 10 29 1987 6 3 SEX Female White White Way 28, 1901 86 YES BERTHPLACE CONTROL MARYLAN 10 CITY OR TOWN OF DEATH BERTIN 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BERTIN BERTIN 12 U.S.A. 13 INSIDE CITY LIMITS? BERTIN WORKED WORK FAMILE OF WORKING LETT BERTIN 13 INSIDE CITY LIMITS? WORK FOR WORKING LETT WORK FAMILE OF WORKING LETT WORK FOR WORK F
Delphia G. Bunting 10 29 1987 6 BEX
Female White White Way 28, 1901 86 What are and a profession of the profession
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WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per ling for in the and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE [D] 18 CAUSE OF DEATH Enter only one couse per ling for in the and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE [D]
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18 CAUSE OF DEATH Enter only one couse per ling for a jib and c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE O) WHEN ONSE AN
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21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE FARM ETC. I NIREET 21l LOCATION STREET 11 OR TOWN 11 OR TOWN
220 Leertify that (I) (this hospital attended the deceased from
abave, (we) (did) (did not view the body after death
226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 276 ADDRESS
276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

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DECEASED NAME

TYPE OR PRINT!

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Annie

DEPARTA	STATE OF MAR NENT OF HEALTH AN CERTIFICATE O	ND MENTAL HY	GIENE /	NO V	Q			
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1				Nursing H		Berl	in, MD	H	ousewif	e				
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7)	14 FA	THER'S NAME FIRST Kendall	NIDDLE	Powell			ER'S MAIDEN N	IAME	Gardy		Po	well		MD
	16a V	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECUE	RITY NO	17 INFOR			ADDR					
	()	NO (IF YES GIVE	WAR OR DATES	220-26-20	087	Mile	dred Da	vis	S. Mair	St.	Ber	lin,	MD	21811
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saw the deceased alive on above, (I) (we) (did) (did not view the body ofter death and that in my (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [224 PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS

Federico G. Arthes, M.D.

3 Bay St., Berlin, MD 21811

230 BURIAL, CREMATION, REMOVAL 23b DATE BURIAL 10/16/87

231 NAME OF CEMETERY OR CREMATORY Bishopville Cemetery

Bishopville, Worcester, MD

24 FUNERAL DIRECTOR DHMH 16 60M 7/84

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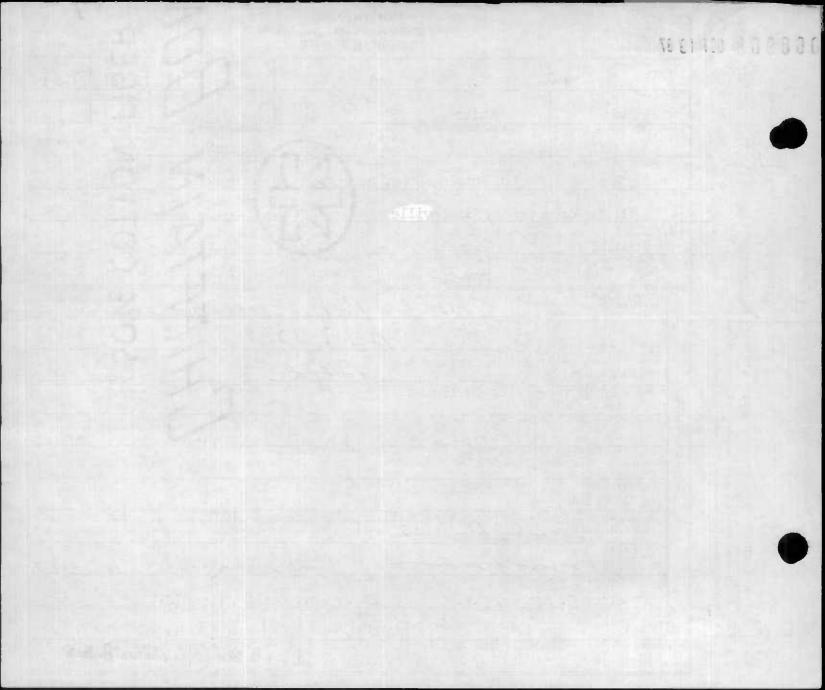
W. Kirk Burbage

108 Williams St. Berlin, Maryland

21811

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(VRA 15, 4)



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STATE OF MARYLAND

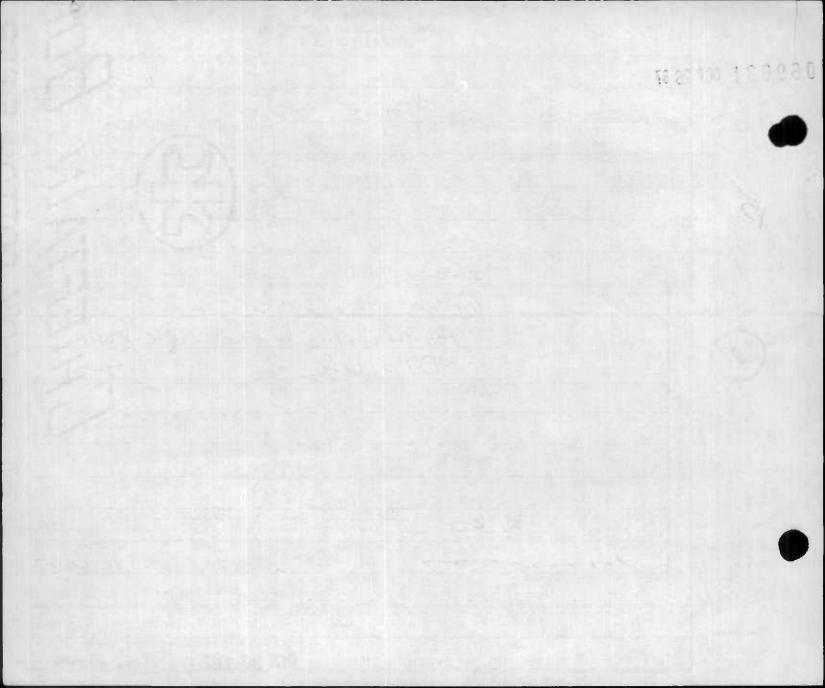
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1.	- STATE REGISTRAR			DEPART		ICATE OF DE		REG N	0			
1 DE	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
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	210 ACCIDENT WAS LONG CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M MONTH D	AY YEAR	21c HOW INJU	RY OCCURR	RED LENTER NA RE OF NIT	K IN TEM	B PAR')R PART	
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	220 I certify that saw the dece	ased plive on	70/	40 19	9/9/ 87 or	nd that in (my) (a	19 <u>87</u> ur) opinion d	to 10/20/	ate and h	19_	87 d from the	that I we last couses stated
	22b SIGNATURE	~~~	-	~	,	DEGREE ATT PH	ENDING YSICIAN	MEDICAL STAI	FF IAN [X]		224 DATE	SIGNED 20'Y7
	22d PHYSICIAN'S	NAME (TYPE O	R PRINT			22e ADDRESS						
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	BURTALTIO		2310723		_	emetery or cre		Berlin ^{wn}	Wor			Maryland
24 F	. Kirk Bu	urbage	108 W Berlir	illiams St n, Maryla	nd	21811	25a DATE	T 2.3 1987	25b REG	ISTRAR	SSIGNAT	URE Indeals

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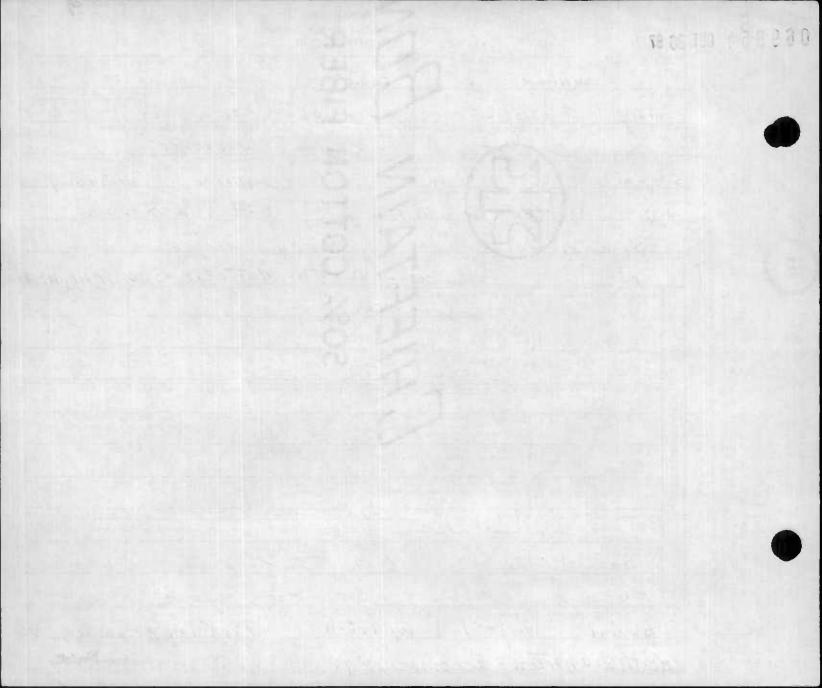
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TO FUNERAL DIRECTOR, After this certificate has been signaled be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT. If them 21 is marked or them 18 shaws app. inju.



RYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA

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ST., B17 errif co g physicio conpapers remaval event, the		18 CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE IMMEDIAT	nly one cause per line lo D BY TE CAUSE (a) CA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS. NG PHYSICIAN The law requir offer this certificate has been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to be orked at their transition injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY' ?00	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
OF VITA ICIAN T g physici entificate iol-transi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. M	IRY MONTH DAY YEA	AR	RED LINIER NA REOF VIUR IN I	TEM IR PART GRPART,
WISION G PHYS attend in control s the but s the but when and Me	MEDICAL	21d INJURY OCCURRED WHILE SET WHILE SET WORK	21e PLACE OF INJ	URY TORY OFFICE FARM ETC.	211 LOCATION	-TY OR I. WN	AIF
TENDIN ord or TOR Aft for use or of Health		27a certify that () (this hospi saw the deceased alive on above (Nwe) (did) (did no	SEPT.	241987	mar 19 8 G		19 7 that 1 (we) last nd have and from the causes stated
TALOR A y the hosp RAL DIREC detoched to out Dept.		276 SIGNATURE	are.			MEDICAL STAFF DIRECTOR PHYSICIAN	271 DATE SIGNED
O HOSPITAL eformed by the TO FUNERAL should be det with the Store		1270 PHYSICIAN'S NAME ITYPE OF	PRINTI		305 10 TH S	T. loconor	E MD 21851
O = 0 + 3 M	23a E	BURIAL, CREMATION, REMOVAL	23b DATE	73c NAME O	CEMETERY OR CREMATORY	234 LOCATION	
BP	24.5	Burigi	9-18-87	wi	IGYTON	Parksley	Accomack v
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	4	No			216-0	5-6418	Betty	P. Bun	ting ·	Ber	lin,			1811
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90	230	BURIAL, CREMATION, F	REMOVAL	10/8/	27		Cemetery OF		23d LO	sfield	- S	omer	Set	- MD
DF	24 5	UNERAL DIRECTOR		10/0/		Intebut,	OG HE OC							
DHMH - 16 60M 7 84 (VRA 15, 4)		Bradshaw &	Sons	- Cris	field,	MD (1817	OC	T 8	registrar 1987	Juli	a Du	iden.	Kindalis

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STATE OF MARYLAND

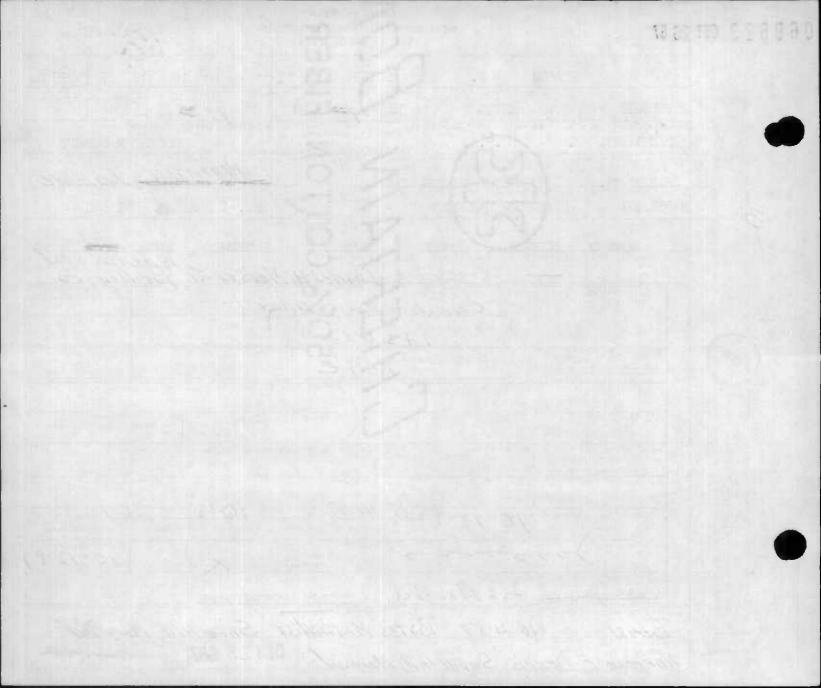
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

069623 OCT D6-87PATE CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST 2h HOUR TYPE OR PRINT! HATTIE F. METSER 10 18 87 855 AM 4 RACE 5 DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY) 3 SEX 10 FEMALE WHITE TO BIRTHPLACE | "ATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE, MD. U.S.A. WORCESTER COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY BERLIN NURSING HOME BERLIN Md 13d INSIDE CITY LIMITS2 21864 YES [NO P 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MARTHA FLORENCE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO 18 CAUSE OF DEATH Enter only one cause per line for to board c Bornest PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause al. stating the DUE TO OR AS A CONSEQUENCE O underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 6 CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOT YES [NO F 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATIRE OF NOUR IN 11 M 8 PART OF PART. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTHEY MEDICAL EXAMINER) PM. 21d INJURY OCCURRED 21e PLACE OF INJURY TREET AT HOME STREET FACTORY OFFICE FARM ETC ! WHILE NOT WHILE AT WORK 220 1 certify that (I) (this haspital) attended the dec saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat view the bady after death 22b. SIGNATURE DEGREE 271 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

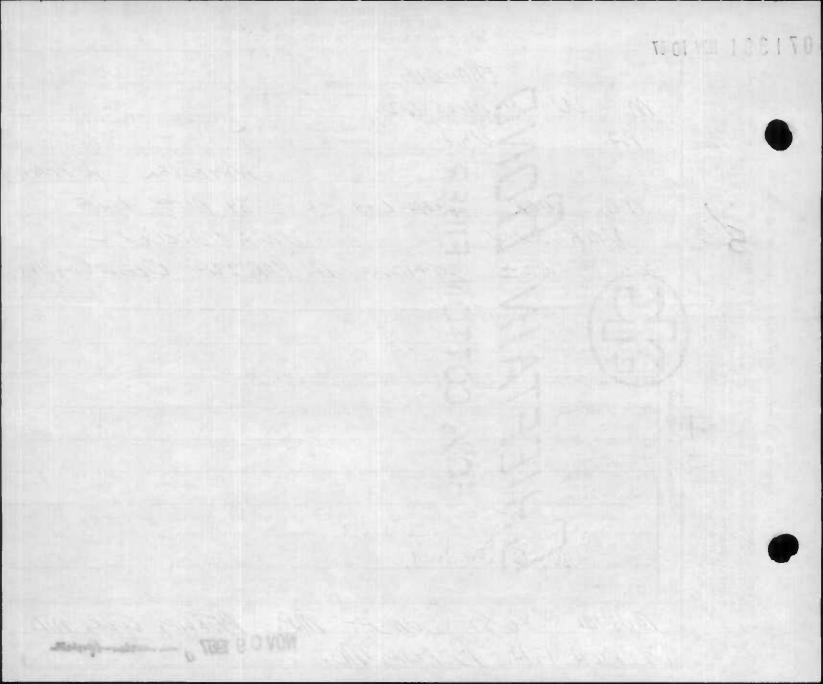
250 DALE REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE

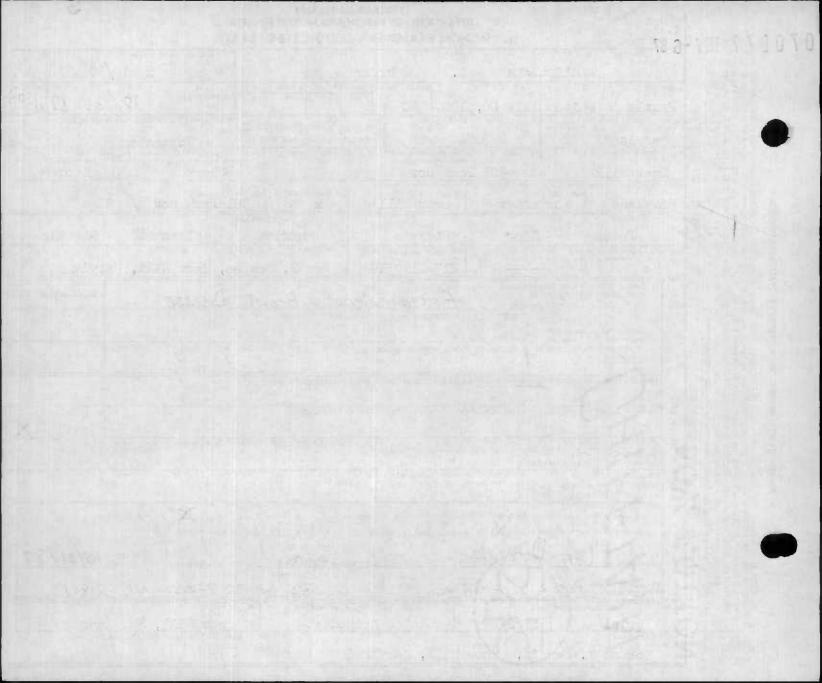
24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 20 DATE KNOWN OF ESTI-S NECESTEE OF STREET SEED, WITHIN 72 HOURS DEATH MATED XX 10 87 John IF UNDER 24 HRS DATE PRONOUNCED 2:00 11- 4 19 87 n_M 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED FORFIGN C Worcester County, WIDOWED AIN PAGE 5 LD BE FILED, DRDS, 201 W IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS: Lot 34 Astro Lane Ocean City 13d INSIDE CITY LIMITS? 13a STATE PRESTON ST., BALTIMORE, MD. 2120 FIRS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. WIB. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH MINER ALONG W PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUF TO, OR AS A CONSEQUENCE OF EXAMINER . Conditions, if any, which gove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTEI EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL BEEN EDATH WITH THE STATE DEPARATMENT OF HEALTH AND MALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION. PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION Fatty Liver 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET CITY OR TOWN STATE STREET, FACTORY FARM ETC) WHILE AT WORK X 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined manner death resulted from Natural causes TITLE (SPECIFY ACTUAL Assistant SIGNATURE EXAMINER'S NAME Penn St., Balto., Md. Margarita A. Korell, M.D. TYPE OR PRINT ADDRESS. 07 84 25M 24 FUNERAL DIRECTOR

(VR A15 ME (5))





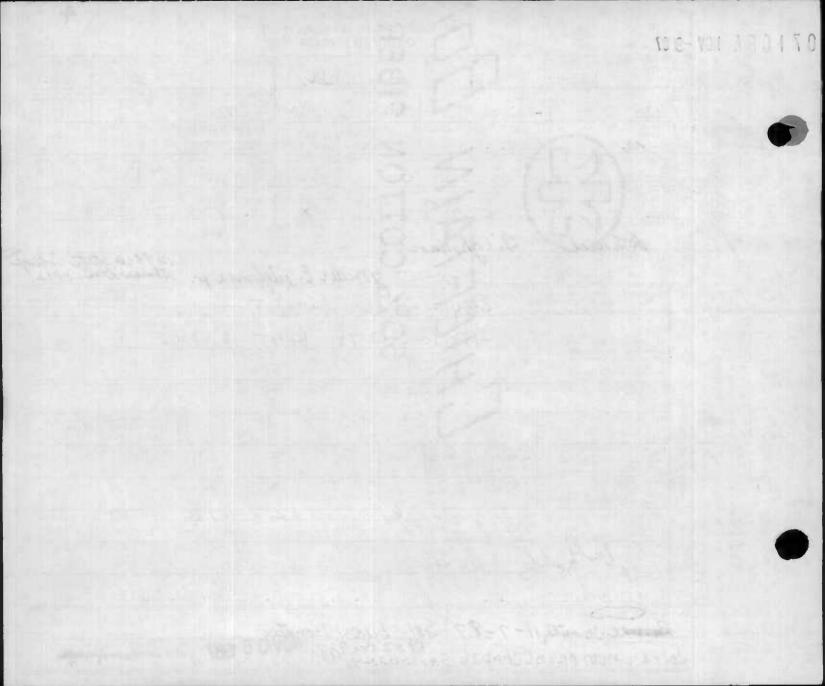
STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR COME ON REMOTE Miller Tilghman 10 30 1987 E. 1 A. M IF INDER YEAR 1.5EX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS 1910 18 Male Black 74 BIRTHPLACE INTARIOUSHION 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Worcester WIDOWED DIVORCED [1 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORL FOR MOST OF WORKING LIFE INDUSTRY Handyman Berlin Berlin Nursing Home THAT I LETO N. E. I. C. ITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Kent Rt. 1, Box 471 (21620)hestertown A FATHER'S MASSE 15 MOTHER'S MAIDEN NAME FIRST Williams Carev ME WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT SOCIAL SECURITY NO. THE HOLDS WHEN DRIVE AND THE TEST CAND WAS DRIVED ATTEST 220-01-8637 II CAUSE OF DEATH I title conty pow cause per lige but up t, (b) and (c) PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE IN Conditions if any, which gove rise to immediate smore on stating the DUE TO OR AS A CONSEQUENCE OF underlying cause had PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 140 DIATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES WERE FINDINGS LISED 78a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO YES | The ACCEPTAL WAS UNDERLYING . I'M 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE DE IN LET IN LEM 8 PART - REPART HOUR A.M. MONTH DAY YEAR OF CONTRBUTING [] CHUTE OF DEATH OR ARTISTS SECTION OF THE PARTY 714 INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION LAT HOME STREET FACTORY OFFICE FARM ETC | JULI D WING D 220 I certify that (1) (this haspital attended the deceased fram saw the deceased alive an 10/24 abave. It well did lidid not view the bady after death , and that in (my) (aur) apinian death accurred an the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Rt. 3, Box 13, Berlin, Md. 21811 Lilah Gonzalez, M.D. THE BURIAL SEMATION SEMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION

DHMH 16 60M 7/84 (VRA 15, 4)

AR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR



STATE OF MARYLAND	45
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

068764 oct	6 8 R STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / O C	8 1 5
	1 DECEASED NAME FRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
33 be	David	S. Wo	oodward	10/9/1987	9:37 A
You	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS (AST BIRTHDAY)	IF INDER YEAR IF IN TER 4 HR
4	Male	White	7 4 1914	, 73 yrs	Mic/s A1 H ,A M No
The same	To BIRTHPLACE THATE DR FUREIGN	76 CITIZEN OF WHAT COUNTRY	> 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
11 11 1	Tennessee	USA	MARRIED NEVER MARRIED	Worcester	445
de de	10 CITY OR TOWN OF DEATH		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
d the offe		(IF NOT IN SUCH FACILITY, GIVE STREE	1 ADDRESS)	TYPE OF WORK FOR MOST OF WORKING L	INDUSTRY
201 by file	Berlin, Md.	Berlin Nu	rsing Home	Repairman	Refrig.
021		DUNTY 130 CITY OR TOV	VN 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	
AN		orcester Bishopv			Bishopville M
TA 有题为。	14 FATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NA	AME	IAS.
WAR THE BY	Edwin	Lee Woodward	Frances	Gibson	Woodward
BALTIMORE.	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC 228-10-	E CALL	BAKR-B	SHIPVILLE, 1
hat the death retained by the offending of the offending	PART I DEATH WAS CA	DUE TO, OR AS A CONSEOU	ndio Musp W	g.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res tres tres tres tres tres tres tres t		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1
AL RECORDS The low requirence has been signer perior to the hows part of the hows private to the hows private to the signer perior to the hows private to the hows pr	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ESNO
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH		R MET HI YR IN TO BE TAN RETHE B	PART RPART.
DIVISION OF PHYSIC IA otherding plusheding p	21d INJURY OCCURRED AMUE OUT WHILE OF A COURT OF A COU	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE	FARM ETC 21 LOCATION TREET	1 11Y W TOWN	(NTY TATE
Property of the control of the contr	sow the deceased olive	ospital attended the deceased fram.	and that in my lour) opinion	tata	that I (we last up and from the causes stated
hos hos hed	226 SIGNATURE		DEGREE		220 DATE SIGNED
The Date of the Da	12	m'a	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-9-87
E & & D & Z	/ 114 PHYSICIANIS NIAME	VBC OR ORIGINAL	127a ADDRESS		*

Tedel ICO Al ti	les, M.D.	J Day Street, Dellin, Mu.	2101.
BURIAL CREMATION, REMOVAL	236 DATE / /	236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
(Incerent) > ()	/ /253	(ITY OR TOWN .	. COUN

24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAR TO HEALTH AND SHOW

IMPORTANT If Nem 21 is

